

FOR OFFICE USE ONLY

Nursing Assistant Checklist

- Application
- Application Fee
- Valid ID
- BCI
- Passed Exams



FOR OFFICE USE ONLY

<input type="checkbox"/> PW _____	<input type="checkbox"/> PP _____
<input type="checkbox"/> FW _____	<input type="checkbox"/> FP _____
<input type="checkbox"/> FW _____	<input type="checkbox"/> FP _____
<input type="checkbox"/> FW _____	<input type="checkbox"/> FP _____

Receipt # _____

ID # _____

Issue Date _____

License # _____

Rhode Island Department of Health

Room 104
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For License As A Nursing Assistant

- By Examination (RI Nursing Assistant Training Program)
- By Examination (Nursing Student)

MILITARY STATUS ELIGIBILITY *(Documentation Required)*
see next page for instructions

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Name: _____
License Number: _____

Have you EVER held a license as a Nursing Assistant in Rhode Island? Yes No
If Yes, please provide your RI License Number NA _____

Applicant - Print LEGAL Name - NAME MUST MATCH STATE ID

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LAST NAME

FIRST NAME

MI

DO NOT REMOVE THIS PAGE FROM APPLICATION

DO NOT HAND DELIVER - APPLICATION MUST BE MAILED

Phone: (401) 222-5888

TTY/TDD: (800) 745-5555

LICENSURE REQUIREMENTS

Please review the following checklists CAREFULLY. Listed are all of the documents and fee that you will need for the application. All items must be submitted before an application is complete. Applications are valid for a 1 year period. **You are responsible for notifying RIDOH, in writing, within ten (10) days, if your home address changes.**

All Applicants - Must Provide the following

- Completed Application with Cover Page; and
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$35.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE; and
- Copy of Driver's License or State Issued ID
- Original** BCI (Background Check) with stamp and seal from the RI Attorney General's Office **only**. For information on this process please visit their website at: <http://www.riag.ri.gov/BCI>. If positive BCI, a detailed explanation is required for each incident. BCI must be dated within 4 months of the date of this application.
- If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

AND: Choose ONE below on how you are applying for a license. Include all of the required information to complete your Nursing Assistant application.

If you are in a licensed Rhode Island Nursing Assistant Training Program - By Examination

- Completion of a Rhode Island Nursing Assistant Training Program licensed by this Department. Effective 01/01/2019 training hours must contain 80 classroom hours and 40 clinical hours for a total of a 120 hour program.
- Proof of passing written and practical Nursing Assistant examinations, within one (1) year from the date you began the training program

NOTE: ONLY Nursing Assistants applying by Examination through a Nursing Assistant Training Program will be issued a 120 day temporary permit.

If you are a current nursing student in a nursing program and completed 2 clinical nursing program courses By Examination- Nursing Students

- Signature of Dean of the School of Nursing; and
- Proof of passing written and practical Nursing Assistant examinations (given 3 opportunities to complete);

Applying to sit for the Examination

You must complete a separate application to sit for the examinations. Testing information and application can be found at <https://home.pearsonvue.com/ri/nurseaides>

Candidates will be assigned to a Regional Testing location in Rhode Island, based on availability.

Applicant: Print your complete last name >

7. Preferred Mailing Address

Please check ONE

- Please use my Home Address as my preferred mailing address.
Please use my Business Address as my preferred mailing address.

8A. Rhode Island Nursing Assistant Training Program Information



Please list the name and information about the training that you participated in that qualifies you for this license.

Effective 01/01/2019 RI Training Programs must provide 80 classroom and 40 Clinical hours. (120 total)

Signature Required

PLEASE SIGN IN BLUE INK

Name of School/Training Program

Address (Number and Street)

City

State Zip Code

License Number of School/Training Program:

Date Class Began: Month Day Year

Date Graduated: Month Day Year

Test Site:

Employment Date: (If Applicable) Month Day Year

Test Date: Month Day Year

EXAMINATION APPLICANTS - Provide Signature of Training Program Coordinator. PLEASE SIGN IN BLUE INK

Signature Title Date

Print or Type Name Phone

8B. Nursing Student Information



Please list the name and information about the training that you participated in that qualifies you for this license.

Signature Required

Type of School (University, College, Trade/Technical School etc.)

Name of School/Training Program

Date of Completion of Qualifying Clinical Training: Month Day Year

NURSING STUDENT APPLICANTS - Provide Signature (and Title) of School of Nursing Dean (or Designee).

My signature below indicates and attests to the fact that the Nursing Student who has made this application to the Nursing Assistant Advisory Board has completed a minimum of two (2) clinical courses including a Fundamentals of Nursing course, and is actively enrolled in a Nursing Program. PLEASE SIGN IN BLUE INK

Signature Title Date

Print or Type Name Phone

You are required to successfully complete a written and practical examination to become licensed as a Nursing Assistant. Please review the Rhode Island Nursing Assistant Candidate Handbook, dated July 2011.

Rhode Island Nursing Assistant Testing Information

You must submit this application to the Department of Health before you schedule your examination. Please visit https://home.pearsonvue.com/ri/nurseaides to schedule your examination after you submit this application to the Department. Candidates will be assigned to a Regional Testing location in Rhode Island, based on availability.

9. Original and Other State License Information

Have you ever held, or do you currently hold, a license in another state? Yes No

If you answered "yes", list the license number(s) of the original state (and any other states) of licensure below:

Original Licensure

Form for Original Licensure with State and License Number fields.

Other State Licensure

Form for Other State Licensure with State and License Number fields.

Other State Licensure

Form for Other State Licensure with State and License Number fields.

Other State Licensure

Form for Other State Licensure with State and License Number fields.

10. Criminal Convictions

If needed, you may continue on a separate sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? If you answer yes and do not provide a detailed explanation, your application will not be processed.

Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

Large text area for providing details of convictions, including a watermark: "If you answer yes, you must give complete details as to what led to the arrest(s)."

Month and Year selection boxes.

11. Disciplinary Questions

Check either Yes or No for each question.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?

Yes No

2. Have you ever been denied a license, certificate, registration or permit in any state?

Yes No

Note: If you answer "Yes", you are required to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, you may continue on a separate sheet of paper.

12. Affidavit of Applicant

Complete this section and sign.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Nursing Assistant in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform HEALTH of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

Important Licensure Information

Allow a minimum of 8 weeks for the entire licensure process to be completed. Once complete you will be contacted in writing and you may NOT practice as a Nursing Assistant in Rhode Island until you have received your license.

If you are applying by Examination and are currently in a Nursing Assistant Training Program you will be given a 120 day temporary permit. No extensions will be granted.

Notify RIDOH within 10 Days of a change of address.

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. RIDOH will not, for any reason, accelerate the processing of one applicant at the expense of others.